

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 037 ***150.00

DOCUMENT # P03000116059					
1. Entity Name MR. TACO, INC.					
Principal Place of Business 2403 W REYNOLDS ST PLANT CITY, FL 33563			Mailing Address 2403 W REYNOLDS ST PLANT CITY, FL 33563		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01132005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0326944				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name MOLINA, FABRICIO			Name		
Street Address (P.O. Box Number is Not Acceptable) 4311 SR 574			Street Address (P.O. Box Number is Not Acceptable)		
City, State, Zip PLANT CITY, FL 33566			City, State, Zip		
City PLANT CITY			City FL		
State FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renominating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE D	NAME MOLINA, FABRICIO	<input type="checkbox"/> Delete			
STREET ADDRESS 4311 SR 574					
CITY - ST - ZIP TAMPA, FL 33566					
TITLE D	NAME MOLINA, ANA	<input type="checkbox"/> Delete			
STREET ADDRESS 4311 SR 574					
CITY - ST - ZIP PLANT CITY, FL 33566					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete			
STREET ADDRESS 					
CITY - ST - ZIP 					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY - ST - ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS 					
CITY - ST - ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/11/05 Daytime Phone #: 813-967-0451					